EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dist	RICT O	F Nevada		
			- I TATEDASE		PROOF OF CLAIM
Name of Dehtor US A Commercial Mortcace Con		iumber	10725-L	RP	
NOTF This form should not be used to make a claim for an administ of the case. A 'request' for payment of an administrative expense ma				emeni	
of the case of respect to payment of the case of the c	,				
Name of Creditor (The person or other entity to whom the			you are aware that any a proof of claim relati		
dubtor owes money or property)			ttach copy of stateme		
Helms Homes LLC		g particu			
Name			you have never receiv the bankruptcy court		
Terry Helms	case		are variationary court	in tino	1
809 Üpland Bivd. Las Vegas NV 89107 3719			the address differs fro		
Telephone number 70 2 258 1044		ess on the Court.	e envelope sent to you	i by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Che	k here	replaces		
identifies debtor	ıf th	s claım	amends a previou	usly filed	claim dated
1 Basis for Claim			etiree benefits as defi		
Goods sold			ages salaries and coast four digits of your		ion (fill out below)
Services performed Money loaned			npaid compensation		ces performed
Personal injury/wrongful death		fr	o m	to)
Taxes See Exhibit			(date)		(date)
2. Date debt was incurred	3.	If com	rt judgment, date o	heciped	
2. Date dept was incurred	3.	II COU	it Judgment, date of	pen inten	
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cabe vou	r claim and state the	amount o	of the claim at the time case filed
See reverse side for important explanations.			ed Claum		
Unsecured Nonpriority Claim s6,348,967,22		1 m/		. alaa	annual by colleteral (maludum
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claım, or	a righ	Check this box if your t of setoff)	CIAIM IS	secured by collateral (including
only part of your claim is entitled to priority	none or		Brief Description of (`ollateral	
Unsecured Priority Claim			~ ~		ehicle Other
Check this box if you have an unsecured claim all or part of	which is		Value of Collateral		<i>//</i>
entitled to priority	WILLIA 13	Amou	int of arrearage and ot	h <u>er</u> chara	ges at time case filed included in
Amount entitled to priority \$		secure	ed claim, if any \$8	7,19	6.81
Specify the priority of the claim	П	Un to S	2.225* of denosits to	vard nero	chase lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A)	الما	Or service	ces for personal famil		sehold use - 11 USC
(a)(1)(B)	, LJ	§ 507(a			and comment of \$110.00 at \$5000 comments
Wages salaries, or commissions (up to \$10 000) * earned with	in 180 📙		-		stal units - 11 USC § 507(a)(8) of 11 USC § 507(a)()
Wages salaries, or commissions (up to \$10 000) * carned with days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier 11 U S C § 507(a)(4)	tor's 📖				07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C. § 507(r after the date of adjustment.
5 Total Amount of Claim at Time Case Filed		340	06722 6344 OV	722	634891722
		(unsecu	red) (secured)	(p	mority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges.	idition to th	e princip	al amount of the class	m Attaci	temized statement of all
6. Credits The amount of all payments on this claim has been	n credited s	nd dedi-	cted for the numore	of T	Figure Course Course 11
making this proof of claim			to all herboar (" ! '	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents	nents, such	as promi	ssory notes, purchase	,	
orders invoices itemized statements of running accounts, conti	racts, court	judgmen	its, mortgages, securi	1	JAN 1 2 2007
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the TILLU JAN 1 & ZUU/ documents are not available, explain If the documents are voluminous, attach a summary					
Date-Stamped Copy To receive an acknowledgment of the f				JE_	
			-	-11-	
Date Sign and print the name and title, if any, of	the credito	or othe	r person authorized to	,	
file this claim (attach copy of power of attach	oney, if any	Man.	1 P In		USA CMC
Date Sign and print the name and tule, if any, of file this claim (attach copy of power of attach to the state of the stat	٠, ٠	1-			
ICEN //E/MS		1010	721211		407000000

DE 1860 CH STANDON SON STROUGHTS PR	OOF OF CLAIM	1.19 Page 3 of 11
	lumber:	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address: HERMAINE & SEYMOUR HINDEN LIVING TRUST DATED 2/22/00 C/O HERMAINE HINDEN & SEYMOUR HINDEN TRUSTEES 2721 ORCHID VALLEY DR LAS VEGAS NV 89134-7327 Creditor Telephone Number (202 3 63 - 166	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	O NOT FILE THIS PROOF OF CLAIM FOR A ECURED INTEREST IN A BORROWER THAT IS NOT INE OF THE DEBTORS. If you have already filed a proof of claim with the lankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor:	Check here replace if this claim amends	a previously filed claim dated:
Goods sold Personal injury/wrongful death Services performed Taxes Change (death being) Wages Last fo	benefits as defined in 11 U.S.C. s, salaries, and compensation (fill ur digits of your SS #:	out below)
2. DATE DEBT WAS INCURRED: 3/11/03 3. IF 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best desired.	COURT JUDGMENT, DATE OB	TAINED:
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Check this box if your a right of setoff). Brief description of co Value of Collateral: Amount of arrearage and secured claim, if any: Up to \$2,225* of deposits toward services for personal, family, or have or penalties owed to gover the collateral of the colla	r claim is secured by collateral (including
A TIME CASE FILED:	(secured) \$	\$ <u>40,000</u> priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal of the complete control of the principal of the complete control of claim. Check this box if claim includes interest or other charges in addition to the principal of the credit control of the complete control of the control of th	deducted for the purpose of makes such as promissory notes, purchants, and evidence of perfection of the same voluminous, attach a summing your claim, enclose a stamped, for hand delivered (FAXES NOting Pacific time, on Novembertons, joint ventures, trusts and DOR OVERNIGHT DELIVERY TO: OACM Claims Docketing Center	zed statement of all interest or additional charges. king this proof of claim. ase orders, invoices, itemized statements of lien. DO NOT SEND ORIGINAL hary. self-addressed envelope and copy of this
DATE SIGN and print the name and title, if any, of the creditor this claim (attach copy of power of attomey, if any	ast Franklin Avenue ndo, CA 90245 or other person authorized to file): I SEYMAN HADW TRUS	FILED NOV 0 2 200

FORM B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPTCY COURT	District of N	evada	PROOF OF CLAIM
ame of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR			PROOF OF CLAIM
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense may	strative expense arising aft by be filed pursuant to 11	ter the commencement USC. § 503]
Name of Creditor (The person or other entity to whom the debtor owes money or property) Jillian Campbell and Patsy Rieer, as Joint Tenants w/ Right of Survivorship	else has filed a proc your claim Attach giving particulars	••	
Namu and address where notices should be sent Jillian Campbell 2024 Douglas Road Stockton, CA 95207	notices from the bacase Check box if the ad	have never received any ankruptcy court in this didress differs from the	
Telephone number (209) 473-4302 Last four digits of account or other number by which creditor	the court. Check here representations	elope sent to you by	THIS SPACE IS FOR COURT USE ONLY
identifies debtor	if this claim an	mends a previously file	ed claim dated
Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes (Coo Fishely 1881)	Wages Last fou		ation (fill out below) uces performed
Other (See Exhibit "A")		(date)	(date)
2 Date debt was incurred August 2003	3. If court jud	gment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 39,296 06 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a) Check this box if claim includes interest or other charges in additinterest or additional charges	Secured Control or none or Secured Control or Secured Control of Secur	this box if your claim is cloff) Description of Collatera al Estate Motor of Collateral \$ Universariage and other chargem if any \$ 623 52 of deposits toward purpersonal family or how the sowed to government y applicable paragraph of cases commenced on of the cases c	s secured by collateral (including Wehicle Other—— known ges at time case filed included in chase lease or rental of property usehold use - 11 U S C atal units - 11 U S C § 507(a)(8) of 11 U S C § 507(a)() //07 and every 3 years thereafter or after the date of adjustment \$39,296 06
6 Credits The amount of all payments on this claim has been making this proof of claim			THIS SPACE IS FOR COURT USE ONLY
 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain if the documents are volur Date-Stamped Copy To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim 	cts court judgments, mor D ORIGINAL DOCUME ninous, attach a summary ing of your claim, enclose	rtgages security ENTS If the e a stamped self-	FILED JAN 1 2 2007
Date Sign and print the name and title, if any of the file this claim (attach copy of power of attorn 1/08/07 Jillian Campbell In Campbell	ne creditor or other person ney, if any) Patsy Rieger	n authorized to	USA CMC

FORM B10 (Official Form	n 10) (10/05)			
UNITED STATES BAN	PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR				
NOTE This form should of the case A "request	not be used to make a claim for an administrative expense ma	rative ex y be file	pense arising after the commencement d pursuant to 11 U S C § 503	
debtor owes money or pr	erson or other entity to whom the operty) st dated February 17, 1998	else you giv	eck box if you are aware that anyone e has filed a proof of claim relating to ir claim Attach copy of statement ing particulars	
Name and address where c/o Scott D Fleming Eso Hale Lane Peek Dennison 3930 Howard Hughes Pa Las Vegas Nevada 8916	l n and Howard rkway 4th Floor	not cas Che add	eck box if you have never received any ices from the bankruptcy court in this e eck box if the address differs from the dress on the envelope sent to you by court	
Telephone number 702		01-1	1	THIS SPACE IS FOR COURT USE ONLY
	nt or other number by which creditor count ID 308	Check of this		eviously filed claim, dated
1 Basis for Claim Goods sold Services perform Money loaned Personal injury/v Taxes		☐ Wa La Ur	ettree benefits as defined in 11 U S C § ages, salaries and compensations (fill or st four digits of SS # inpaid compensations for services perform inpaid compensations for services perform inpaid (date)	ut below)
2 Date debt was incur	red See Attachment A	3 If	court judgment, date obtained	
		L		
1	 Check the appropriate box or boxes that mportant explanations 	t best de	scribe your claim and state the amount of Secured Claim	of the claim at the time case filed
1	Claim \$_ Unknown (see Attachment A)			
	nere is no collateral or lien securing your claim is value of the property securing it, or if c) no is entitled to priority		Check this box if your claim is set a right of setoff) Brief Description of Collateral	cured by collateral (including
Unsecured Priority Cla			Real Estate Motor Vehic	le Other
Check this box if yo entitled to priority Amount entitled to priori	ou have an unsecured claim, all or part of wh	ich is	Value of Collateral \$ Amount of arrearage and other charge secured claim, if any \$	
Specify the priority of th			Up to \$2 225* of deposits toward	nurchase lease or rental of property
1	bligations under 11 USC § 507(a)(1)(A) or		or services for personal family of § 507(a)(7)	r household use — 11 U S C
1	commissions (up to \$10 000) * earned within	n 180	Taxes or penalties owed to govern	imental units 11 U S C § 507(a)(8)
	bankruptcy petition or cessation of the debto artier — 11 U S C § 507(a)(4)	ΓS	*Amounts are subject to adjustment of with respect to cases commenced on the commenced on the commenced on the commence of the	
Contributions to an	employee benefit plan — 11 USC § 507(a)(5)	· <u>-</u>	
5 Total Amount of Cla	nim at Time Case Filed		\$ Unknown (secured)	(priority) \$ Unknown (Total)
Check this box if clai	m includes interest or other charges in additional charges	on to the	, , , , , , , , , , , , , , , , , , , ,	
	at of all payments on this claim has been cred	lited and	deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
orders invoices item agreements and evid documents are not av 8 Date-Stamped Copy	ctain ents Attach copies of supporting documents nized statements of running accounts contra- lence of perfection of lien DO NOT SEND railable explain If the documents are volun y To receive an acknowledgement of the fil and copy of this proof of claim.	ets court ORIGIN ninous a	a judgments mortgages security IAL DOCUMENTS If the stach a summary	FILED NOV 10 2006
Date	Sign and print the name and title if any o			
November 9 2006	file this claim (attach copy of power of att	omey if	any)	USA CMC

FORM B10 (Official Form 10) (10/05)		
UNI ED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA	PROOF OF CLAIM
Name of Debtor	Case Number	
USA COMMERCIAL MORTGAGE COMPANY	06-10725	
NOTE Thus form should not be used to make a claim for an administrative case. \ request for payment of an administrative expense may be filed to the content of the content	re expense arising after the commencement of the pursuant to II U S C Section 503	
Name of Creditor (The person or other entity to whom the	☐ Check box if you are aware that anyone	
debtor owes money or property)	else has filed a proof of claim relating	
ROBERT J AND RUTH ANN KEHL	to your claim Attach copy of statement giving particulars	
Name & address where notices should be sent	☐ Check box if you have never received	
JANET L CHUBB, ESQ	any notices from the bankruptcy court	
JONES VARGAS	in this case	
P O BOX 281 RENC, NV 89504-0281	Check box if the address differs from the address on the envelope sent to you	
Telephone number 775-786-5000	by the court	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 500953 5	Check here □ replaces If this claim □ amends a previously filed	claim, dated
1 BASIS FOR CLAIM Goods sold	☐ Returee benefits as defined in 11 l ☐ Wages, salaries, and compensation	
Services performed	Last four digits of your SS #	it (mit out octow)
☐ Money loaned	Unpaid compensation for service	s performed from
□ Personal mjury/wrongful death	•	-
□ Faxes	from tototo	
Other <u>DEBTOR'S BREACHES</u> (see adversary complant)		(date)
2 Date debt was incurred	3 If court judgment, date obtained	
2003-2005		
4 Classification of Claim. Check the appropriate box or boxes filed See reverse side for important explanations	that best describe your claim and state the an	nount of the claim at the time case
Unsecured Nonpriority Claim \$ 12,841,580 13 + accrued inte	rest less any Secured Claim	
postpetition payments received	d Check this box if your cla	
□ Check this box if a) there is no collateral or hen securing yo	ur claim or (including a right of se	1
b) your claim exceeds the value of the property securing it, or if o	4) none or Discrete description of cons	or Vehicle D Other
only part of your claim is entitled to priority	Value of Collateral 3	
Unsecured Priority Claim	Amount of arrearage and other	er charges at time case filed
☐ Check this box if you have an unsecured claim, all or part of entitled to priority	which is included in secured claim, if	any
Amount entitled to priority \$		
Specify he priority of the claim	Up to \$2 225* of deposits toward property or services for personal,	purchase, lease or rental of
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or (a)(1)(B	USC § 507(a)(7)	
☐ Wages, salaries, or commissions (up to \$10,000),* earned with	Taxes or penalties owed to governithin 507(a)(8)	mental units - 11 USC 9
180 days before filing of the bankruptcy petition, or cessation of debtor's pusiness whichever is earlier- 11 U S C § 507(a)(4)		graph of 11 USC § 507(a) ()
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4) *Amounts are subject to adjustment on 4/ with respect to cases commenced on	
· · · · · · · · · · · · · · · · · · ·	41,680 13 +/- \$ \$ nsecured) (secured) (pro	s (Total)
☐ Check this box if claim includes interest or other charges in a interest or additional charges	ddition to the principal amount of the claim	Attach itemized statement of all
6 Credits The amount of all payments on this claim has been c	redited and deducted for the purpose of maki	- 1
this proo of claim. SEE ABOVE 7 Supporting documents Attach copies of supporting documents	nts, such as promissory notes ourchase orders	IFD DEC 0 9 2006
invoices itemized statements of running accounts, contracts, cou	rt judgments, mortgages, security agreements,	
and evidence of perfection of hen DO NOTSEND ORIGINAL	DOCUMENTS If the documents are not	USA CMC
available, explain If the documents are volumnous, attach a sun 8 Date-Stamped copy To receive an acknowledgment of the fi		
addressed envelope and a copy of this proof of claim.	ing of your ciains, enclose a stamped, self-	1072501660
Date Sign and print the name and title, if any, of the		
claim (attach copy of power of attorney, if any)	•	
12/9/06 JANET L CH	IUBB, ESQ ATTORNEY FOR CLAIMAN	T

Case 06-10725-gwz Doc 8659-3 Entered 07/19/11 15:30:19 Page 7 of 11

FORM B10 (Official Form 10)(04/05)		PROOF OF CLAIM -CHAPTER	
UNITED STATES BANKRUPTCY COURT-DISTRI	CT OF NEVADA	□ 7 ■ 11 □ 12 □ 13	
Name of Debtor USA Commercial Mortgage Company	Case Number BK-S-06-10725 LBR	(This space for court use)	
NOTE This form should NOT be used to make a clair the commencement of the case. A "request" for payme pursuant to 11 U S C Section 503			
Name of Creditor (The person or other entity to whom the debtor owes money or property) David B Krynzel, Individually and as Managing Partner of Gold Runner, LLC	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars		
Name & address where notices should be sent David B Krynzel 740 Aldo Rae Court Henderson, Nevada 89052 Telephone number	□ Check box if you have never received any notices from the bankruptcy court in this case ☐ Check box if the address differs from the address on the envelope sent to you by the court		
Account or other number by which creditor identifies debtor Account ID Nos 1032, 870, 841, and 676 Loan ID Nos 123 and 189	Check here if this claim replaces amends a previously filed	d claim, dated	
1 BASIS FOR CLAIM □ Goods sold □ Services performed ■ Money loaned □ Personal injury/wrongful death □ Taxes □ Other	☐ Retiree benefits as defined in 11 U S (☐ Wages, salaries, and compensation (F Last four digits of your Social Securi Unpaid compensation for services pe	TILL OUT BELOW) ty # rformed from	
2 Date debt was incurred Nov 2003 and June 2005	3 If court judgment, date obtain	ned	
4 Total claim at time case filed \$ (Unset If all or part of your claim is secured or entitled to price Check this box if claim includes interest, or other statement of all interest or additional charges			
5 Secured Claim. ■ Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral ■ Real Estate □ Motor Vehicle	before filing of the bankruptcy pe	up to \$4,925* earned within 90 days etition, or cessation of the debtor's	
☐ Other	business, whichever is earlier-11 Contributions to an employee ben Up to \$2,225* of deposits toward	efit plan - 11 USC § 507(a)(4)	
Amount of arrearage and other charges at time case filed included in secured claim, if any	USC § 507(a)(6)	or personal, family or household use- 11	
6 Unsecured Non Priority Claim	Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U S C § 507(a)(7) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) OTHER-Specify applicable paragraph of 11 U S C § 507(a)() *Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment		
8 Credits The amount of all payments on this claim of making this proof of claim 9 Supporting documents Attach copies of supporting orders, invoices, itemized statements of running accounts agreements, and evidence of perfection of lien DO NOT	has been credited and deducted for the purpose ag documents such as promissory notes purchase contracts, court judgments, mortgages, security SEND ORIGINAL DOCUMENTS If the	(This space for court use) FILED JAN 1 5 2007	
documents are not available, explain If the documents are 10 Date-Stamped copy To receive an acknowledgment self-addressed envelope and a copy of this proof of claims. Date 12-20-06 Sign and print the name and	nt of the filing of your claim, enclose a stamped,	USA CMC	
authorized to file the claim (a	title, if any, of the creditor or other person attach copy of power of attorney, if any)	HARLING MANUAL NATUR	

Case 06-10725-gwz Doc 8659-3 Entered 07/19/11 15:30:19 Page 8 of 11 FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS) PROOF OF CLAIM Case Number Name of Debtor USA Commercial Mortgage Company 06-10725-LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone debtor owes money or property) else has filed a proof of claim relating to your claim Attach copy of statement Liem Family Trust giving particulars Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this c/o Scott D Fleming, Esq. case Hale Lane Peek Dennison and Howard Check box if the address differs from the 3930 Howard Hughes Parkway, 4th Floor address on the envelope sent to you by Las Vegas Nevada 89169 the court Telephone number 702-222-2500 THIS SPACE IS FOR COURT USE ONLY Check here replaces Last four digits of account or other number by which creditor Account ID 1032 if this claim identifies debtor a previously filed claim, dated amends **Basis for Claim** ☐ Goods sold Retiree benefits as defined in 11 USC § 1114(a) Wages, salaries, and compensations (fill out below) Services performed Money loaned Last four digits of SS # Personal injury/wrongful death Unpaid compensations for services performed ☐ Taxes from_ _ to _ (date) (date) 2 Date debt was incurred See Attachment A 3 If court judgment, date obtained Classification of (laim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ Unknown (see Attachment A) Check this box if your claim is secured by collateral (including a) Check this box if a) there is no collateral or lien securing your claim, or a right of setoff) b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral Real Estate Motor Vehicle Other **Unsecured Priority Claim** Value of Collateral \$_ Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$_ Amount entitled to priority ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property Specify the priority of the claim or services for personal, family, or household use - 11 U S C ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's *Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter business, whichever is earlier - 11 USC § 507(a)(4) with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan — 11 U S C § 507(a)(5) 5 Total Amount of Claim at Time Case Filed Unknown Unknown (unsecured) (secured) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase FILED NOV 13 2006 orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain
If the documents are voluminous, attach a summary Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim

Sign and print the name and title, if any, of the creditor or other person authorized to

file this claim (attach copy of power of attorney, if any)

/s/ Scott D Fleming, Esq.

Date

November 9, 2006

Case 06-10725-gwz Doc 8659-3	B Ei	ntered 07/19/11 15:30:19	Page 9 of 11	
FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEV	ada (L	AS VEGAS)	PROOF OF CLAIM	
Name of Debtor USA (ommercial Mortgage Company	50001			
NOTE This form should not be used to make a claim for an administrative expense ma	rative ex ly be file	pense arising after the commencement d pursuant to 11 U S C § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Liem Family Trust	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars			
Name and address where notices should be sent c/o Scott D Fleming Esq Hale Lane Peek Dennison and Howard 3930 Howard Hughes Parkway 4th Floor Las Vegas Nevada 89169	not cas	eck box if you have never received any itees from the bankruptcy court in this e eck box if the address differs from the diress on the envelope sent to you by court		
Telephone number 702 222 2500			THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor Account ID 1032	Check 1f th1s		ously filed claim dated	
☐ Goods sold ☐ Services performed ☑ Money loaned ☐ Personal injury/wrongful death ☐ Taxes 2 Date debt was incurred See Attachment A	□ W La Ui fix	ettree benefits as defined in 11 USC § 111 ages salaries and compensations (fill out b ist four digits of SS #	elow)	
4 Classification of Claim Check the appropriate box or boxes tha See reverse side for important explanations Unsecured Nonpriority Claim \$ Unknown (see Attachment A) a) Check this box it a) there is no collateral or lien securing your claim.		Secured Claim Check this box if your claim is secure		
b) Your claim exceeds the value of the property securing it or if c) no only part of your claim is entitled to priority		a right of setoff) Brief Description of Collateral		
Unsecured Priority Claim	☐ Real Estate ☐ Motor Vehicle			
entitled to priority Amount of arrearage ar		Value of Collateral \$	t time case filed included in	
Amount entitled to priority				
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or	•	Up to \$2 225* of deposits toward pur or services for personal family or ho § 507(a)(7)		
(a)(1)(B)		☐ Taxes or penalties owed to governme	ntal units 11 U S C § 507(a)(8)	
Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier — 11 U S C § 507(a)(4)		*Amounts are subject to adjustment of $4/1/0^7$ and every 3 years thereafter with respect to cases commenced on or after the date of adjustment		
Contributions to an employee benefit plan — 11 U S C § 507(a)(5)			
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additionaterest or additional charges	on to the	\$ <u>Unknown</u> (unsecured) (secured) principal amount of the claim Attach item	(priority) (Total) mixed statement of all	
6 Credits The amount of all payments on this claim has been cred making this proof of claim 7 Supporting Documents 4ttach copies of supporting documents	s such as	s promissory notes purchase	THIS SPACE IS FOR COURT USE ONLY FILED	
orders invoices itemized statements of running accounts contrae agreements and evidence of perfection of lien. DO NOT SEND documents are not available explain. If the documents are volun. 8 Date-Stamped Copy. To receive an acknowledgement of the file addressed experience and serve of the proof of claim.	ORIGIN	IAL DOCUMENTS If the ttach a summary	NOV 10 2006	
Date Sign and print the name and title it any of file this claim (attach copy of power of atte			USA CMC	

Doc 8659	³ PRC	OF OF CLAIM	<mark>80:19 Ра</mark> д	e 10 of 11
s, 5				
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A "request" for payment of the case in the commencement of the case.		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	OWED MONEY BY A BORROWER
Administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		to your claim Attach copy of statement giving particulars		BEING SERVICED BY THE DINOT HAVE TO FILE A PROOF
Loughlin Family Trust		Statement giving particulars	OF CLAIM THIS I	NCLUDES MONEY FROM THAT
50 Greenbriar Cir.		Check box if you have never received any notices	BORROWER HELI 	D IN THE COLLECTION ACCOUNT
Napa, CA 94558-1587		from the bankruptcy court or		PROOF OF CLAIM FOR A
		BMC Group in this case	ONE OF THE DEB	EST IN A BORROWER THAT IS NOT TORS
		Check box if this address differs from the address on the		ady filed a proof of claim with the
709 051 0041		envelope sent to you by the court	1 ' '	or BMC you do not need to file again
Creditor Telephone Number (70 y 251 – 9941	dobtor	Count	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	Jebloi	Check here replain or amer	 a previously 	fileo claım dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
☐ Money loaned	Unpaid c	ompensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	be your claim and state the amo	ount of the claim at the	ne time case filed
UNSECURED NONPRIORITY CLAIM \$ 27,000 est.		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	 	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim is	a right of setoff)	£ 11 - 4 1	
UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority		Value of Collateral		
Amount entitled to priority \$		Amount of arrearage a secured claim if any	nd other charges \$	at time case filed included in
Specify the priority of the claim	_	_		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow services for personal family	ard purchase lease or household use -1	or rental of property or 1 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to g		* ''''
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable pa	ragraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ 27,000 est. \$		\$	nioda ott or attor tito	\$ 27,000 est.
AT TIME CASE FILED (unsecured)	(:	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach it	emized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doci</u> running accounts, contracts court judgments, mortgages, security	<i>uments,</i> s agreemen	uch as promissory notes, pu ts_and evidence of perfectio	rchase orders, inv in of lien DO NO	oices itemized statements of
DOCUMENTS If the documents are not available explain. If the				TOLIND CHICHAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	ne filing of	your claim, enclose a stamp	ed self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevaili	ng Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	•			FILFD DEC 0 6 2006
BY MAIL TO BMC Group	BMC Gro			LILLU DE O O COO
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cen st Franklin Avenue	ter	
El Segundo CA 90245-0911		ndo CA 90245		USA CMC
DATE SIGN and print the name and title if any of this claim (attach copy of power of atto)	1072501549
12 0 00				

77 - Case 00 10123 gwz D00 0035?	PROOF OF CLAIM		o. ro Tag i	5 11 0/ 11	
rianie er Beste.	Case Number				
12 F Commercial Mortgoge	06	10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "request" for payment of		Check box if you are aware that anyone else has filed a proof of claim relating			
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of			
Name of Creditor and Address LOUGHLIN FAMILY TRUST C/O RICHARD J LOUGHLIN ROBERTA L LOUGHLIN TRUSTEES 50 GREENBRIAR CIR NAPA CA 94558-1587 Creditor Telephone Number ()		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTERI ONE OF THE DEB If you have alre Bankruptcy Court o	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies d	debtor	Check here replac	a provinciely	filed claim dated	
		if this claim amen		mod diamin datou	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	-	salaries and compensation (f	fill out below)	Other claims against servicer (not for loan balances)	
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		r digits of your SS#	forms of feet		
	onpaid c	compensation for services per	nomea πom	to	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		(cons)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	ibe your claim and state the amou	unt of the claim at th	ne time case filed	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo entitled to pnority	your claim our claim is	a right of setoff)		ed by collateral (including	
UNSECURED PRIORITY CLAIM		Brief description of		П от	
Check this box if you have an unsecured claim all or part of which is		Real Estate			
entitled to priority Amount entitled to priority \$		Value of Collateral		rknown	
Specify the priority of the claim		Amount of arrearage an secured claim if any		at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa		or rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	_	services for personal family o	r household use 11	1 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		• , ,,, ,	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para * Amounts are subject to edjus		• • • • • • • • • • • • • • • • • • • •	
E TOTAL AMOUNT OF CLAIM A		with respect to cases commen		date of adjustment	
A I TIME CASE FILED	1,11	, ,		\$ 1,116,400	
(unsecured) Check this box if claim includes interest or other charges in addition to the	ne principal				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c governmental units)	, prevailin corporatio	ng Pacific time, on Novemberns, joint ventures, trusts an	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY	
	BMC Gro		FILED	NOV 0 6 2006	
P O Box 911	1330 East	ACM Claims Docketing Center of Franklin Avenue	r		
El Segundo CA 90245-0911	El Seguno	do CA 90245			
DATE SIGN and print the name and title if any of the three claim (attach copy of power of attorn	ney If any)	r other person authorized to file		USA CMC 11111111111111111111111111111111111	